STATE OF MARYLAND

DEPA	RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.		
Lton	BEDFOR D	November 18,	1983	9:15 A
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
te	June 9. 1898	85 VPS	MONTHS DAYS	HOURS MIN

3 SEX 4 RACE Male White June

M. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

MIDDLE

Harry

(IF YES, GIVE WAR OR DATES)

Burt

Maryland

160 WAS DECEASED EVER IN U.S. ARMED FORCES

ID CITY OR TOWN OF DEATH

Centreville USUAL RESIDENCE (IF NURSING HO

Maryland

John

(YES, NO OR UNKNOWN)

No

CERTIFICAT

MEDICAL

Sho

Hem 18

FIRST

14 FATHER'S NAME

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINT

USA

Hi

MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Merdian Nursing

YES TO

Center/Corsica 13c. CITY OR TOWN

Baltimore

Bedford

13d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

FIRST

Kate

Chauffeur(ret. Taxi Cab 13e STREET ADDRESS

Queen Anne's

(TYPE OF WORK FOR MOST OF WORKING LIFE)

BALTIMORE CITY OR COUNTY OF DEATH

4222 6th. Street MIDDLE Hilton Mae

16h SOCIAL SECURITY NO 17 INFORMANT 216 RTckswood Road Bert, V. Bedford 218-07-9910

	ly one couse per line for (a), (b), and (c) QSCUD' E CAUSE (a)	APPROXIMATE INTE BETWEEN ONGET AND 5 400
7-12	DUE TO, OR AS A CONSEQUENCE OF	0
Conditions, if ony, which gove rise to immediate couse 10, stating the	DUE TO, OR AS A CONSEQUENCE OF	
inderlying cause last	lc)	

190 DATE OF OPERATION 2 In ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

216 TIME OF INJURY HOUR A.M. MONTH DAY

NOT YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

22e ADDRESS

CITY OR TOWN

STATE

COUNTY

22c. DATE SIGNED

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

126 KIND OF BUSINESS OR

INDUSTRY

sow the deceosed olive on Nov. and that in (my) (our) apinion death accurred an the date and hour and from the causes stated 22b. SIGNATU DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

22d. PHYSICIANS NAME (TYPE OR PRINT)

John R. Smith, Jr., M.D.

P.M.

21e PLACE OF INJURY

Centreville, Md. 21617

231. NAME OF CEMETERY OR CREMATORY

20a AUTOPSY?

STATE Q.A.Co.

Nov. 21. 1983 Stevensville Cemetery Stevensville, Burial 24 FUNERAL DIRECTOR Barton Funeral Home

220.1 certify that (1) (this hospital) attended the deceased from

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE James H. Barton, Jr., Centreville, Md. 216170

(VR A 15 (4))

BP.

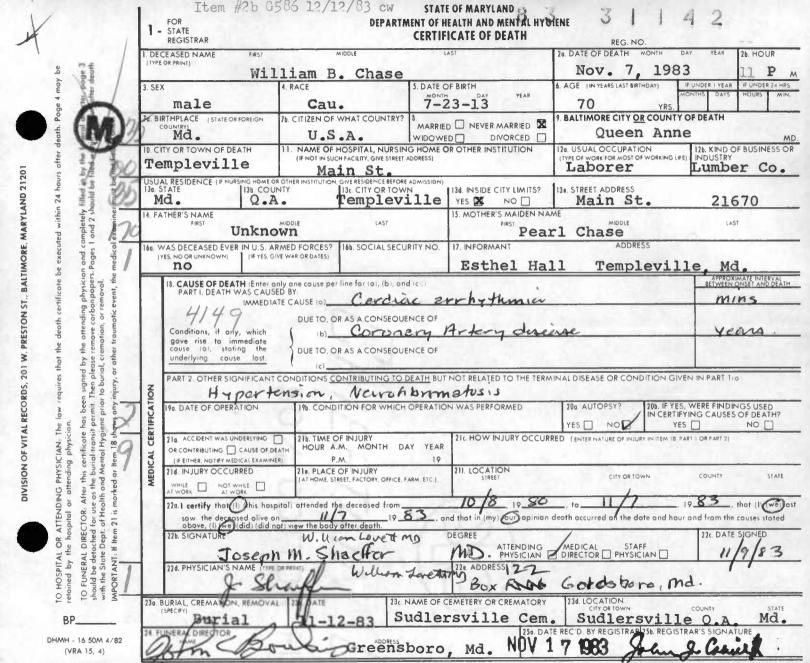
DHMH - 16 50M 1/76

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20M 4/82

STATE OF MARYLAND

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June W. Barbon, Ja., Tentraville, no. 11617 NBV 2 5 1983 Jacks & Chairf

TOWARD CHARGE OF SECTION OF THE SECT

